



CITIZEN'S POLICE ACADEMY

Application Form



INSTRUCTIONS: Please print. Complete both pages of this Application Form and Waiver Form. Sign and submit as provided below.

APPLICANT INFORMATION

Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Driver's License Number: _____
(month/day/year) (State) (Number) (Exp. Date)

Home Address: _____
(Street) (City) (State) (Zip Code)

Home Phone: _____ Cell Phone: _____

E-mail: _____

Place of employment: _____

Have you ever been convicted of a crime? _____ If yes, briefly explain:

Why do you want to attend this academy? How will it benefit you? What do you bring to this experience?

Are you currently involved in community or extra-curricular activity at your school or in your community? Please describe:

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Home Address: _____
(Street) (City) (State) (Zip Code)

Day Phone: _____ Alternate Phone: _____



CITIZEN'S POLICE ACADEMY

Waiver Form



WAIVER OF CLAIMS FOR DAMAGES AND COVENANT NOT TO SUE

I, _____ provide this Waiver and Release because I intend to participate in a "Citizen's Academy" with the Chula Vista Police Department.

I FOREVER RELEASE, WAIVE, HOLD HARMLESS AND COVENANT NOT TO SUE THE CITY OF CHULA VISTA, ITS PRESENT AND FORMER OFFICERS, AGENTS AND EMPLOYEES, AND ALL OTHER PERSONS, FROM ANY AND ALL LIABILITIES, CLAIMES, DEMANDS OR CAUSES OR ACTION THAT I MAY HEREAFTER HAVE FOR INJURIES OR DAMAGES ARISING OUT OF MY PARTICIPATION IN THE CITIZEN'S ACADEMY.

I INTEND THIS WAIVER TO BIND MY HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSE, AND ASSIGNS.

I declare under penalty of perjury that the foregoing is true and correct, the I have read and fully understood this entire "Waiver of Claims for Damages and Covenant Not to Sue" and that my signature below signifies my reading, understanding, and agreeing with each provision.

I also acknowledge the Chula Vista Police Department will conduct a background investigation, which may include an electronic inquiry into my personal criminal history, DMV records and other law enforcement databases.

Date

Signature of Applicant

Submit completed forms to:

Community Relations, Citizen Academy
Chula Vista Police Department,
315 Fourth Avenue, CV, CA 91910
Community_Relations@chulavistapd.org
(619) 476-2391

Or by email to:

Or by fax to: